

Name
in
Full

Frederick Vivian Abel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	July	25	Age <u> </u> 1½ <u> </u>
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name or Wife or Husband	<u> </u>	
Father's Name	Harry B. Abel		
Mother's Maiden Name	Bessie M. Maike		
Name of person giving information	Harry B. Abel		
Father's Birthplace	Va		
Mother's Birthplace	Va		
How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enter-Colitis

105

How long

5 days

Immediate Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

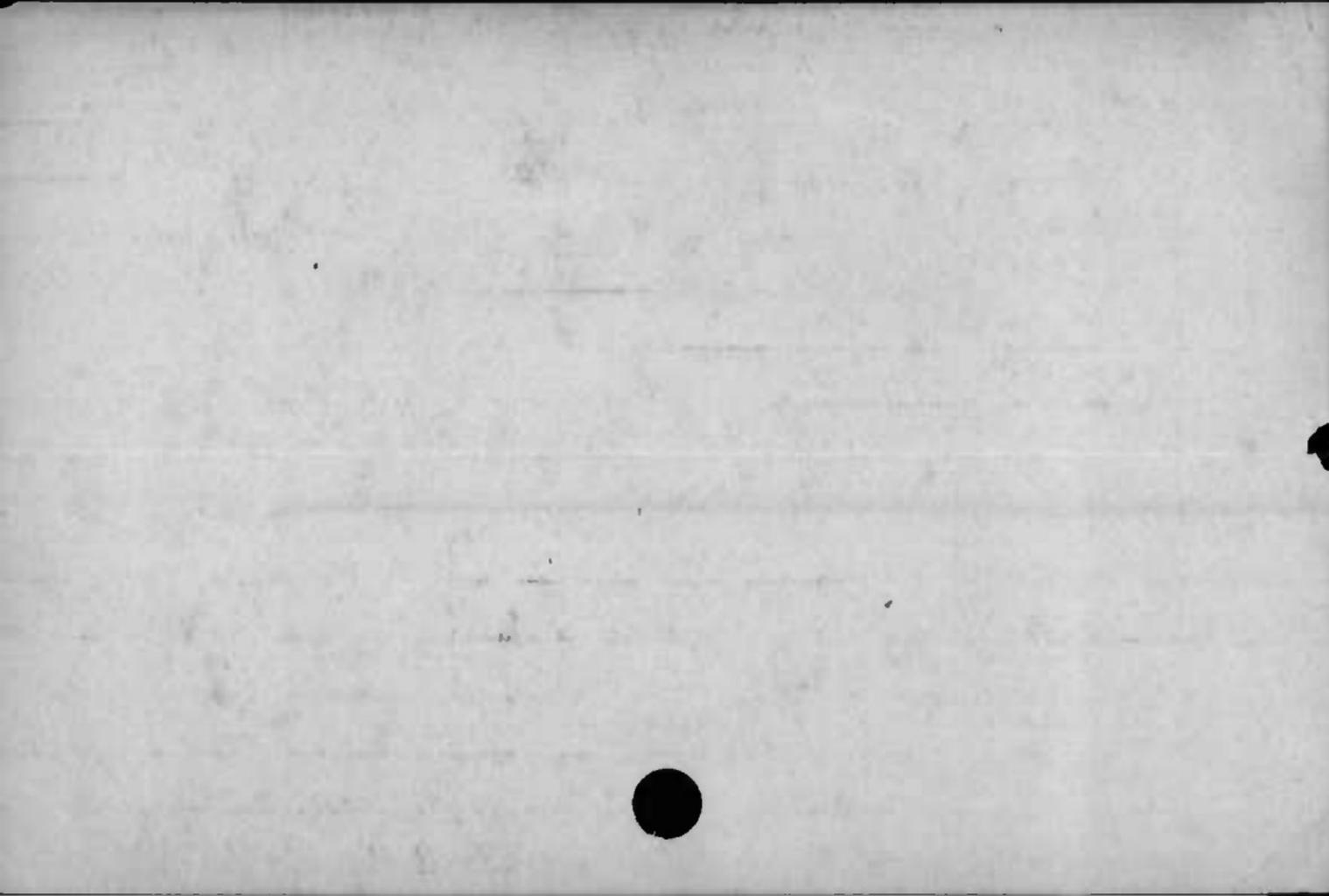
W. B. Gambrell

Address

Gilberton, Md.
Sub-Reg. Gilberton

Accident or Suicide?

Far strea



Name
in
Full

Mary Nolan Brown

CERTIFICATE OF DEATH

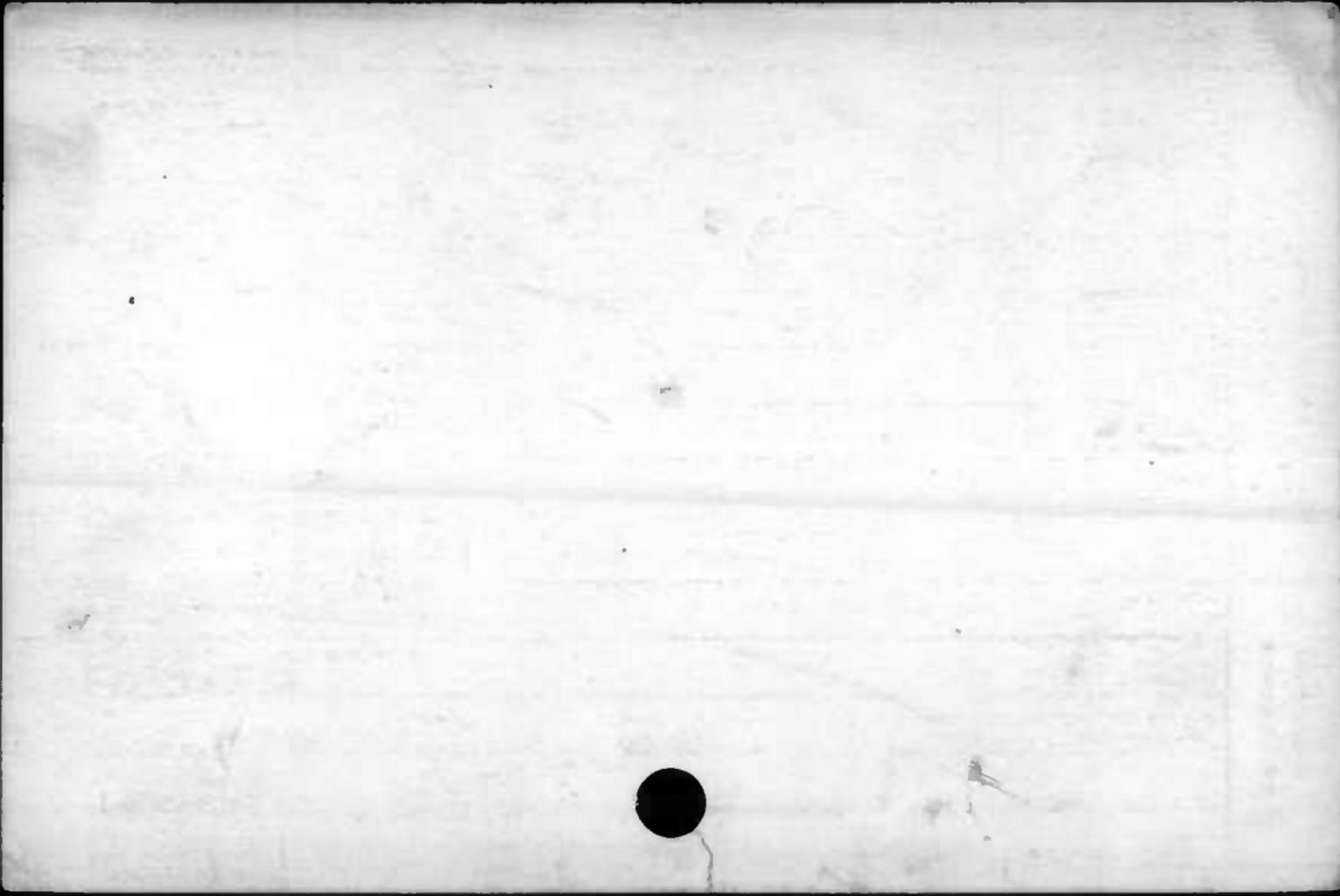
To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND		
Died at Dayton	Howard					
Date of death 1905	Month July	Day 27	Years 1-	Months 3	Days 27	
Sex Female	Color or Race White	Birth-place Dayton				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George W. Brown		Father's Birthplace 2nd -			
Mother's Maiden Name	Elizabeth B. Gaither		Mother's Birthplace mid -			
Name of person giving information	How related to deceased					
Cause of Death Post						

Primary	Geo-Coletis	How long 15 days
Immediate	Cardiac Asthma	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.W. St. John
		Address 1600 W. 36th St., Cleveland, Ohio
Accident or Suicide? No		



Name
in
Full

Stanley D. Calvert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Elk Ridge		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	July	27	=	4	15
Sex	Boy	Color or Race	white	Birth-place	Elk Ridge Md
Occupation	Baby	Where Residing if not at place of death	Elk Ridge Md		
Married, Single or Widowed	Single	Name of Wife or Husband	E.D. Calvert	Father's Birthplace	Charleston Md
Father's Name	E.D. Calvert		Mother's Birthplace		
Mother's Maiden Name	Miss Jennie Kelly		Balt. Md		
Name of person giving information	E.D. Calvert		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Enteritis Colitis Morbus		How long	6 weeks
Immediate	convulsions		How long	convulsions
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Arthur Williams
			Address	Elk Ridge Howard
Accident or Suicide?		no	convulsions	



Name
in
Full

Oliver Plasser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

own
near Cooksville Howard

County

MARYLAND

Date
of death

1905

Month

July

Day

30

Years

56

Months

-

Days

-

Sex

male

Color or
Race

Colored

Birth-
place

Howard Co

Married, Sing
~~Widowed~~

Occupation

Farm Hand

Name of Wife or
Husband

Sarah Cook

Father's
Name

Frank Cook

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Clara Cook

Mother's
Birthplace

Howard Co

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

119

Primary

Hypertension

How long

1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

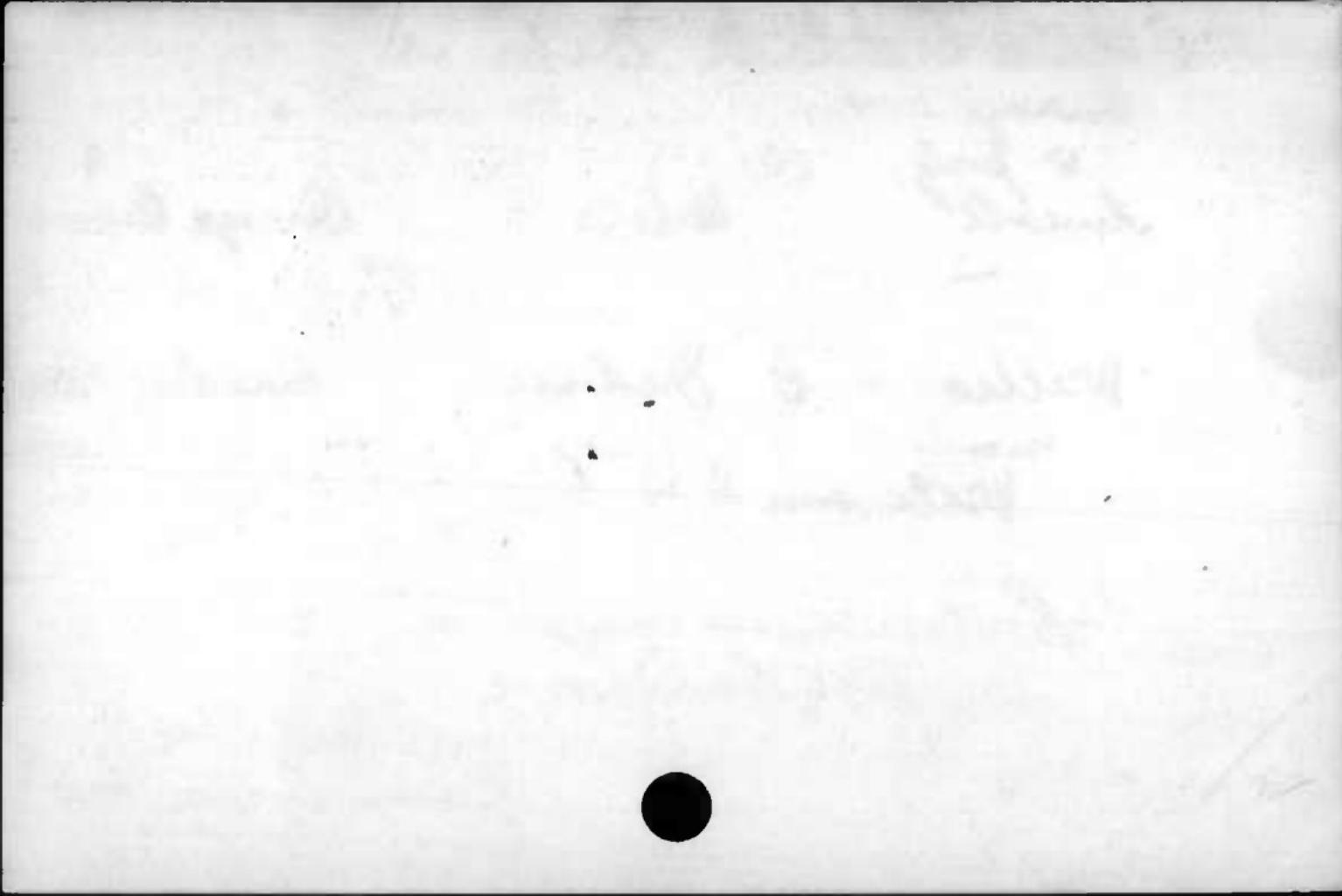
Signature of
Physician

Address

Jno Coffelt Jr
Glendale Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Edith Adelaide Delane

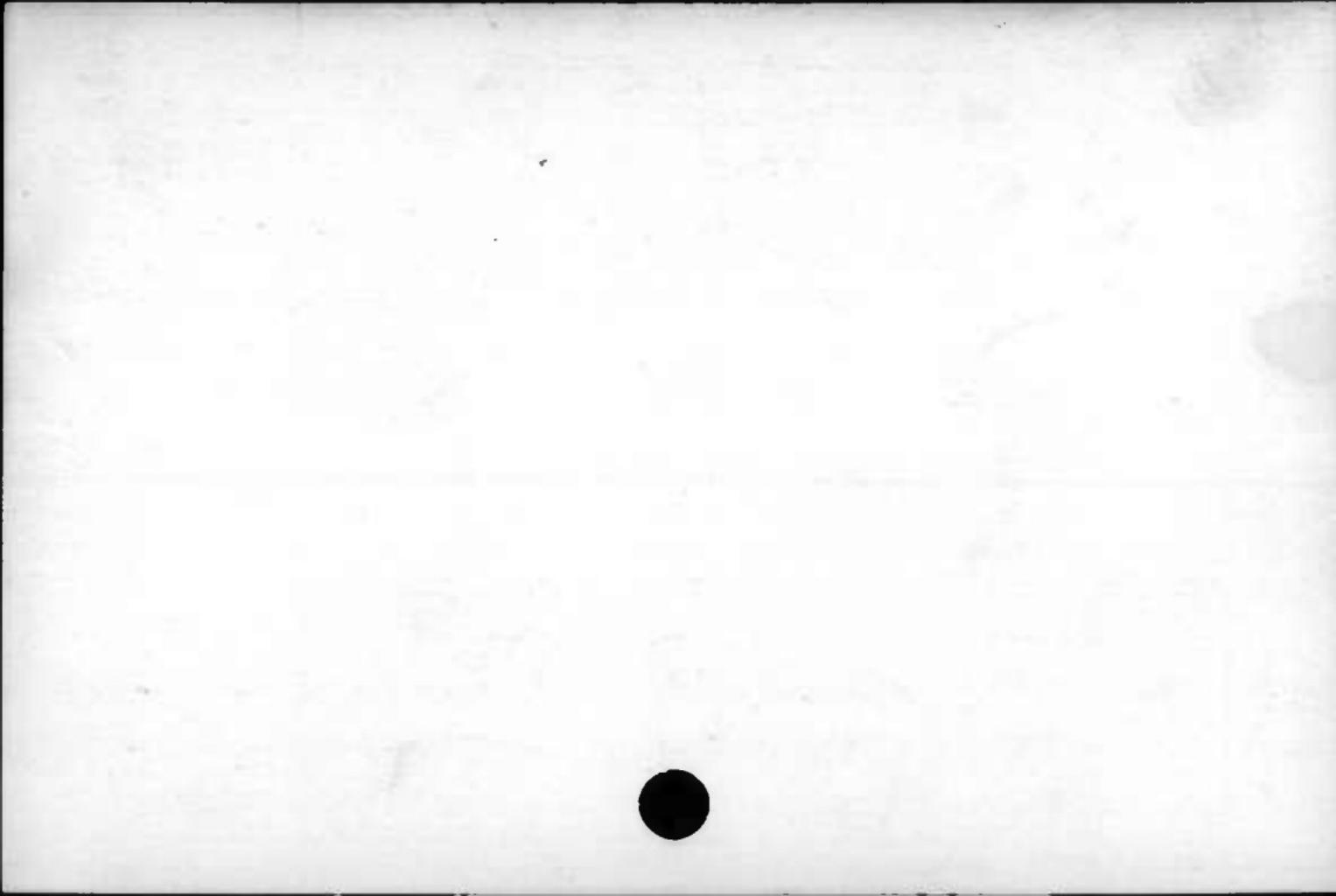
CERTIFICATE OF DEATH

To be ANSWERED BY
NEAREST FRIEND

Died at	Tow	County	MARYLAND
Orange Grove	Howard		
Date of death	Month	Day	Years Months Days
1905	July	12	—
Sex	Age	Color or Race	Birth-place
Female	—	White	Orange Grove
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
—	—	—	
Father's Name	William S. Delane	Father's Birthplace	Paradise Par
Mother's Maiden Name	Mary C. Griner	Mother's Birthplace	Koltman
91	—	—	—
Name of person giving information	William S. Delane	How related to deceased	Father

CAUSES OF DEATH

Primary	Pulmonary congestion		How long
Immediate	Cerebellitis		14 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	—
		Address	Dr. L. Stultz M.D.
		Catawba, N.C.	
PHYSICIAN OR CORONER	Accident or Suicide?		



Name
in
Full

Dorsey, Laura, Irene

CERTIFICATE OF DEATH

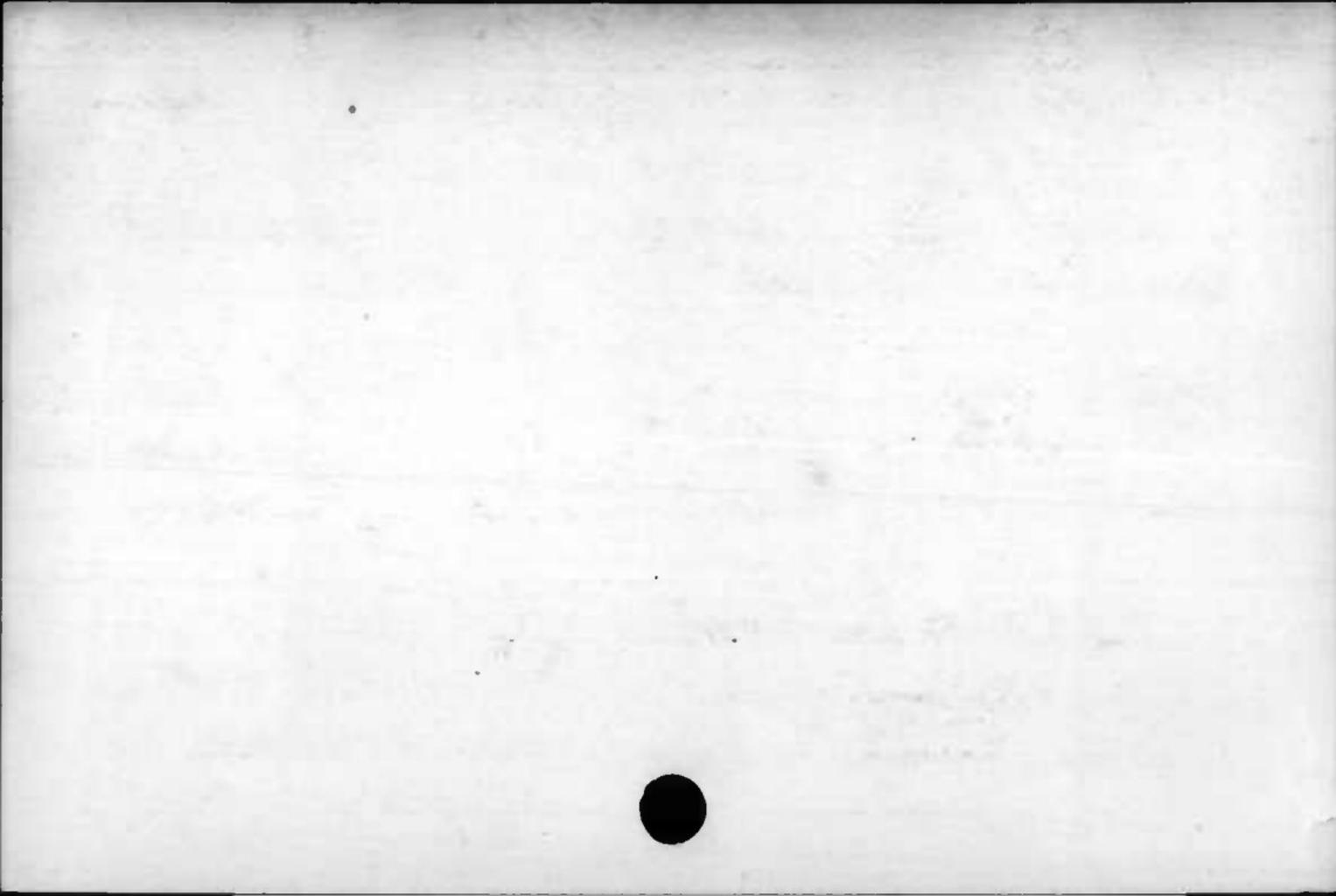
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>baltimore</u>		Town	County <u>Dorsey</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>7</u>	Day <u>6</u>	Age <u>-</u>	Years <u>-</u>	Months <u>11</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>blond</u>	Birth-place <u>Md -</u>					
Occupation <u>none</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>Edward Dorsey</u>	Father's Birthplace <u>Md -</u>						
Mother's Maiden Name <u>Lora F Smith</u>	Mother's Birthplace <u>Md -</u>						
Name of person giving information <u>Joseph Smith</u>	How related to deceased <u>none</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>bronchitis</u>	How long <u>2 mos.</u>
Immediate <u>nd</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician
	Address
Accident or Suicide? <u>✓</u>	<u>W. Frank Lucas M.D. Sparta, Md.</u>



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Baltimore</i>				County <i>Howard</i>	CERTIFICATE OF DEATH	
Died at	Town	Month	Day	Years	Months	Days
Date of death <i>1905</i>	<i>July</i>	<i>9</i>	<i>Age</i>	<i>1</i>	<i>5</i>	<i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Occupation <i>✓</i>	Where Residing if not at place of death <i>Virginia</i>			
Married, Single or Widowed	Name of Wife or Husband	Father's Name <i>John J. Dunphy</i>	Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Margaret M. Bryan</i>	Mother's Birthplace <i>Penna</i>	Name of person giving information <i>Margaret J. Dunphy</i>	How related to deceased			

CAUSES OF DEATH

Primary

Gastric Enteritis-Catarrhalis

How long

14 days

Immediate

None

How long

some

Are the name, age, sex, color, date and place correctly given above?

yes

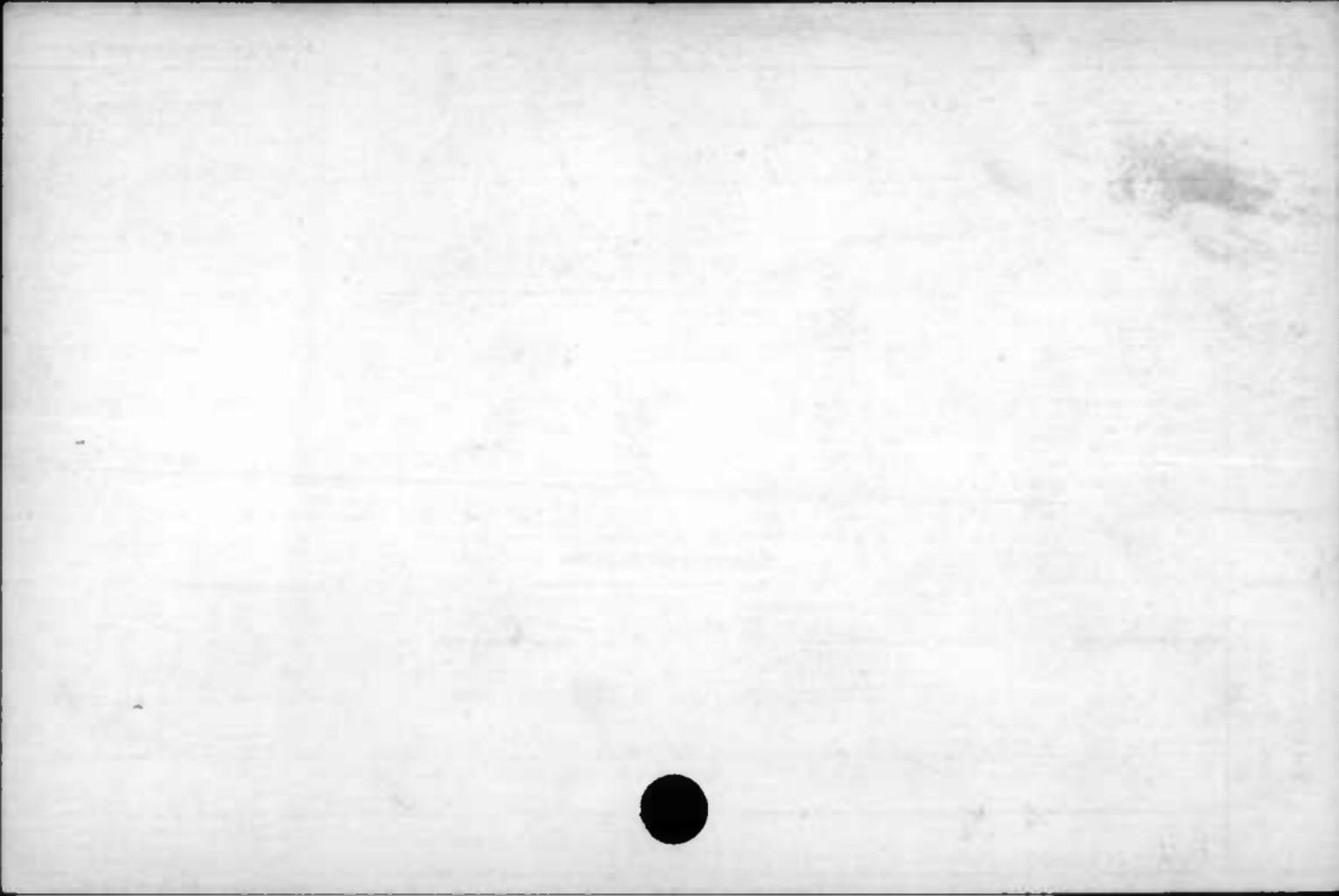
Signature of Physician

Arthur Williams
Elk Ridge Howard
Co. 2nd

Address

Accident or Suicide?

No



Name
in
Full

John Wesley Fuchs

CERTIFICATE OF DEATH

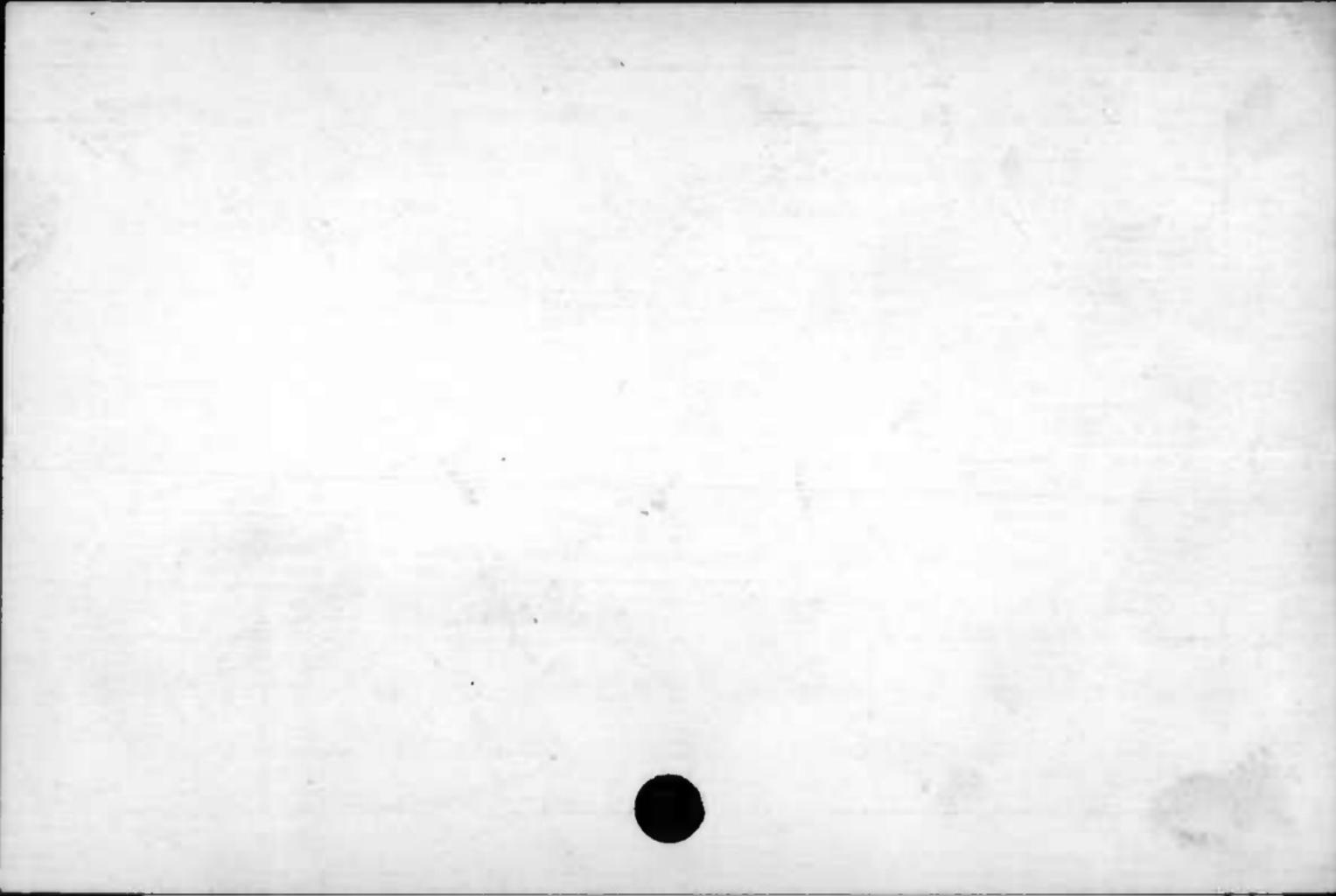
TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Elk Ridge	Howard				
Date of death 1905 July	Month	Day 12	Age	Years	Months 3
Sex Male	Color or Race White				Days 26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Charles Fuchs				Father's Birthplace	Maryland
Mother's Maiden Name Lillian A. Bittenbender				Mother's Birthplace	New Jersey
Name of person giving information Charles Fuchs				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteric Colitis	(P.S.)	How long 3 weeks
Immediate Acute Cerebral Congestion		How long 36 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M.R. Eareckson	Address Elk Ridge Md
Accident or Suicide?		



Name
in
Full

Evan Gauthier

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1905	July	21	Age 82	2		
Sex	Color or Race	Birth-place				
Male	Colored	Md				
Occupation	Where Residing if not at place of death					
Labour	Md					
Married, Single or Widowed	Name or Wife or Husband	Matilda Gauthier				
Married						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased
Rainer Gauthier Joseph Gauthier						
CAUSES OF DEATH						
Primary	Dysentery					How long
Immediate	Exhaustion & old age					2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

S Q Nichols
Dayton Md



Name
in
Full

Caroline Gardner

CERTIFICATE OF DEATH

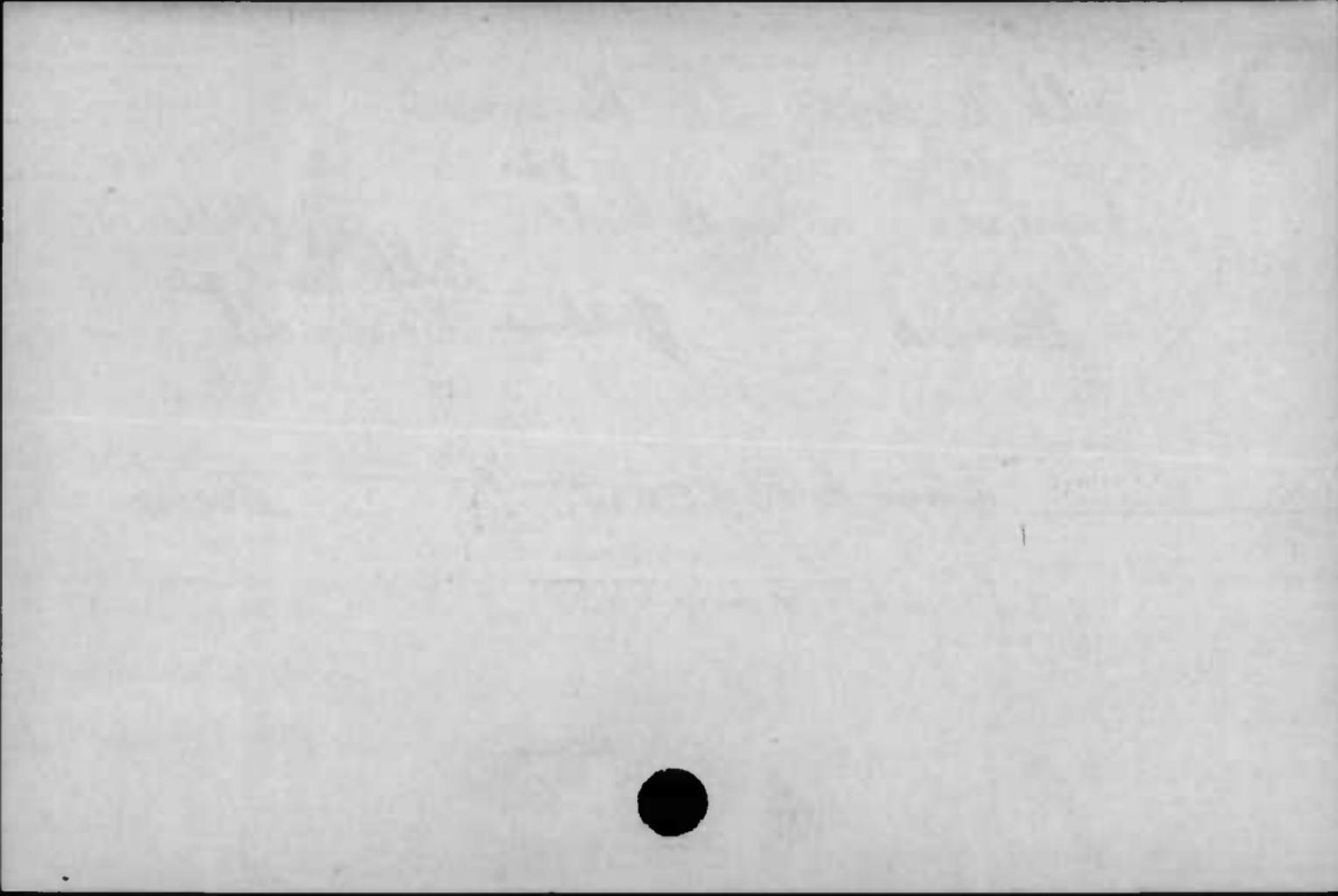
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	July	18	Age	36	
Sex	Female	Color or Race	colored		
Occupation	House keeper	Where Residing if not at place of death	Ellieott City		
Married, Single or Widowed	Married	Name of Wife or Husband	John Gardner		
Father's Name	Samuel Snells	Father's Birthplace	Maryland		
Mother's Maiden Name	Searah Snells	Mother's Birthplace			
Name of person giving information	John Gardner	How related to deceased	husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage		How long	a few hours
Immediate	Paralysis		How long	some months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address	B. J. Byrne
Yes				
Accident or Suicide?				



Name
in
Full

Cassandra Gorsuch

CERTIFICATE OF DEATH

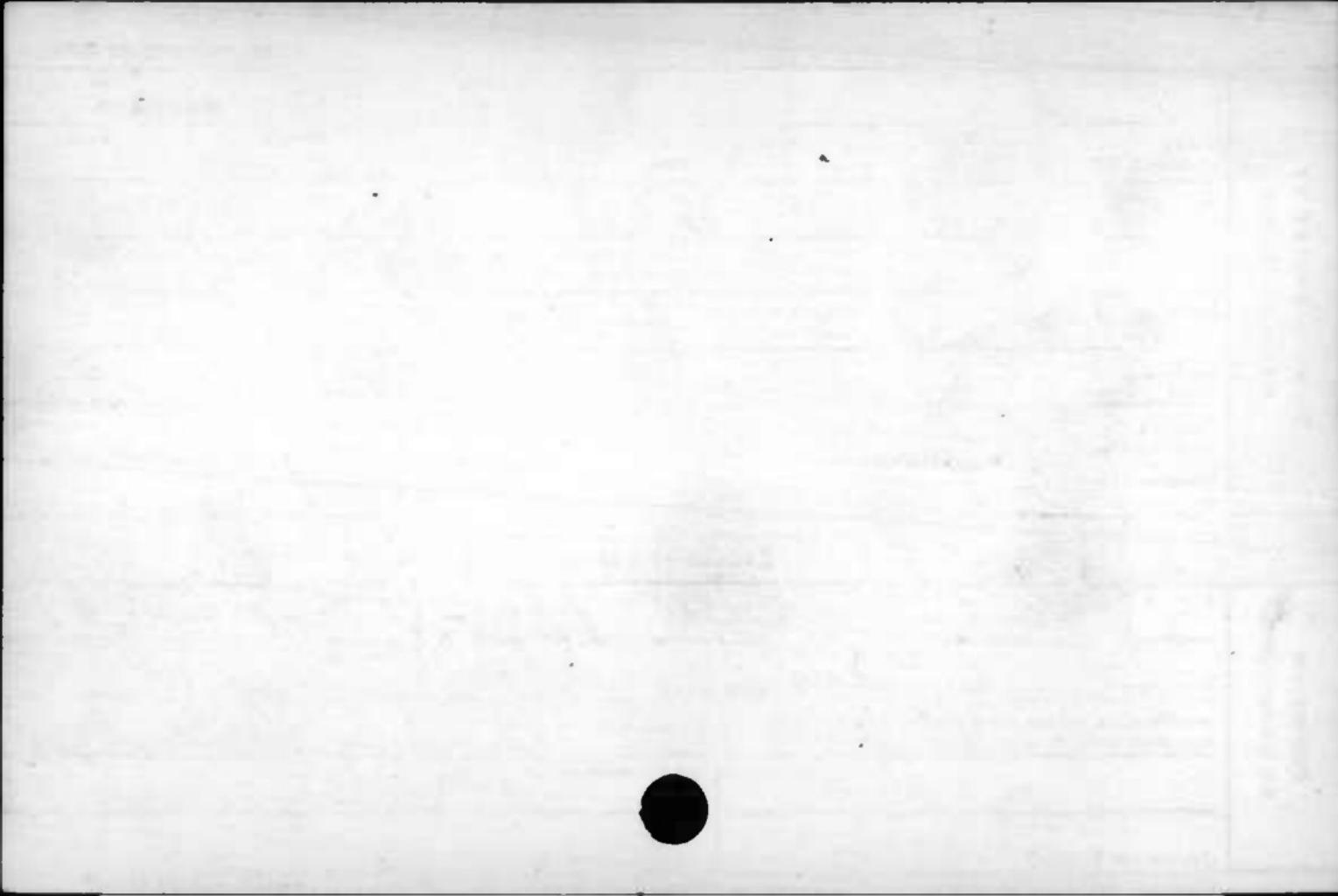
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Elk Ridge		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
190	July	6 th	82	2	16
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death	Elk Ridge	
Married, Single or Widowed	Married	Name of Wife or Husband	Joshua Gorsuch		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Chas A R Earp				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility - from age		How long	18 months
Immediate	comes		How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Arthur Wilkins
		?	Address	Elk Ridge Md
Accident or Suicide?		no		



Name
in
Full

George Hoffmaster

CERTIFICATE OF DEATH

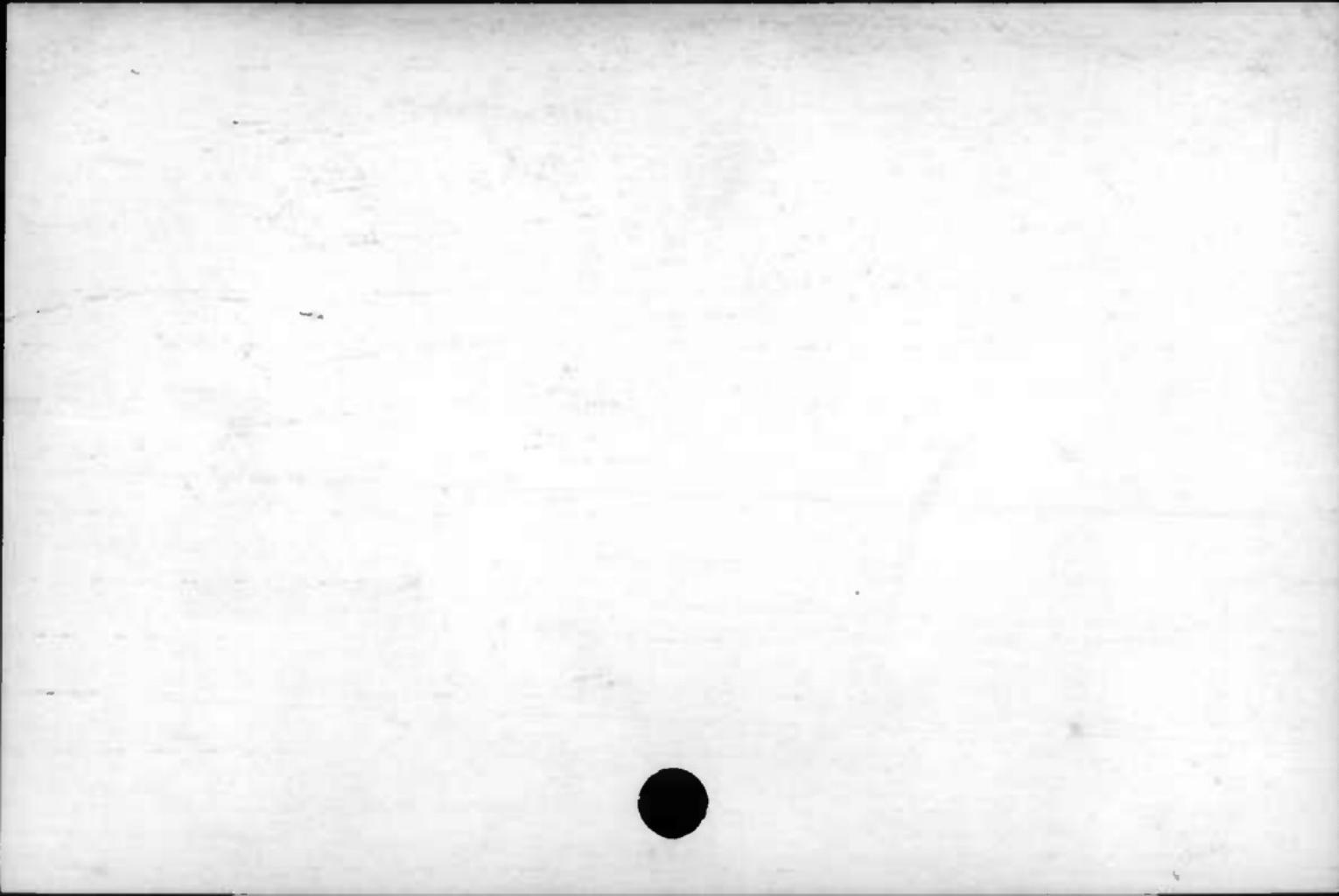
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	Elizabeth Ecklo.				
Father's Name	George Hoffmaster					Father's Birthplace Penn.
Mother's Maiden Name	Elizabeth Ecklo.					Mother's Birthplace Virginia
Name of person giving information	Chas. H. Hoffmaster					How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis Gastritis & Arterio Sclerosis		How long	-
Immediate	Cardiac Arrest w/ Pulmonary Edema		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank L. Miller M.D.	
		Address	Alberton Md	
Accident or Suicide				



Name
in
Full

Harry Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	colored	Birth-place	Maryland
Occupation	Floor scrubber in Hospital		Where Residing if not at place of death	at home	
Married, Single or Widowed	Name of Wife or Husband	Harry Johnson			
Father's Name	James Johnson		Father's Birthplace	Kentucky	
Mother's Maiden Name	Elizabeth Hall		Mother's Birthplace	Maryland	
Name of person giving information	John F. Haywood		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	nearly a year
Immediate	Haemorrhage	How long	about 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Benj. F. Shipley
		Address	alpha Howard Hos Md
Accident or Suicide?			

This is as near a
Duplicate of the Card
drawn up & given the
first messenger that
came for the certificate,

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Benj. Y. Shipley

Town

Died at

Henryton

County

Howard

MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1905	July	13		1	4	4
Sex	male	Color or Race	colored	Birth-place		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace		
Father's Name	John A. King			Baltimore Md		
Mother's Maiden Name	Alice Sands			Mother's Birthplace		
Name of person giving information	Dennis P. King			How related to deceased		

CAUSES OF DEATH

Primary

Intestinal Catarrh (Bottle fed.)

How long
about 2 weeks

Immediate

Inanition

How long
about 5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

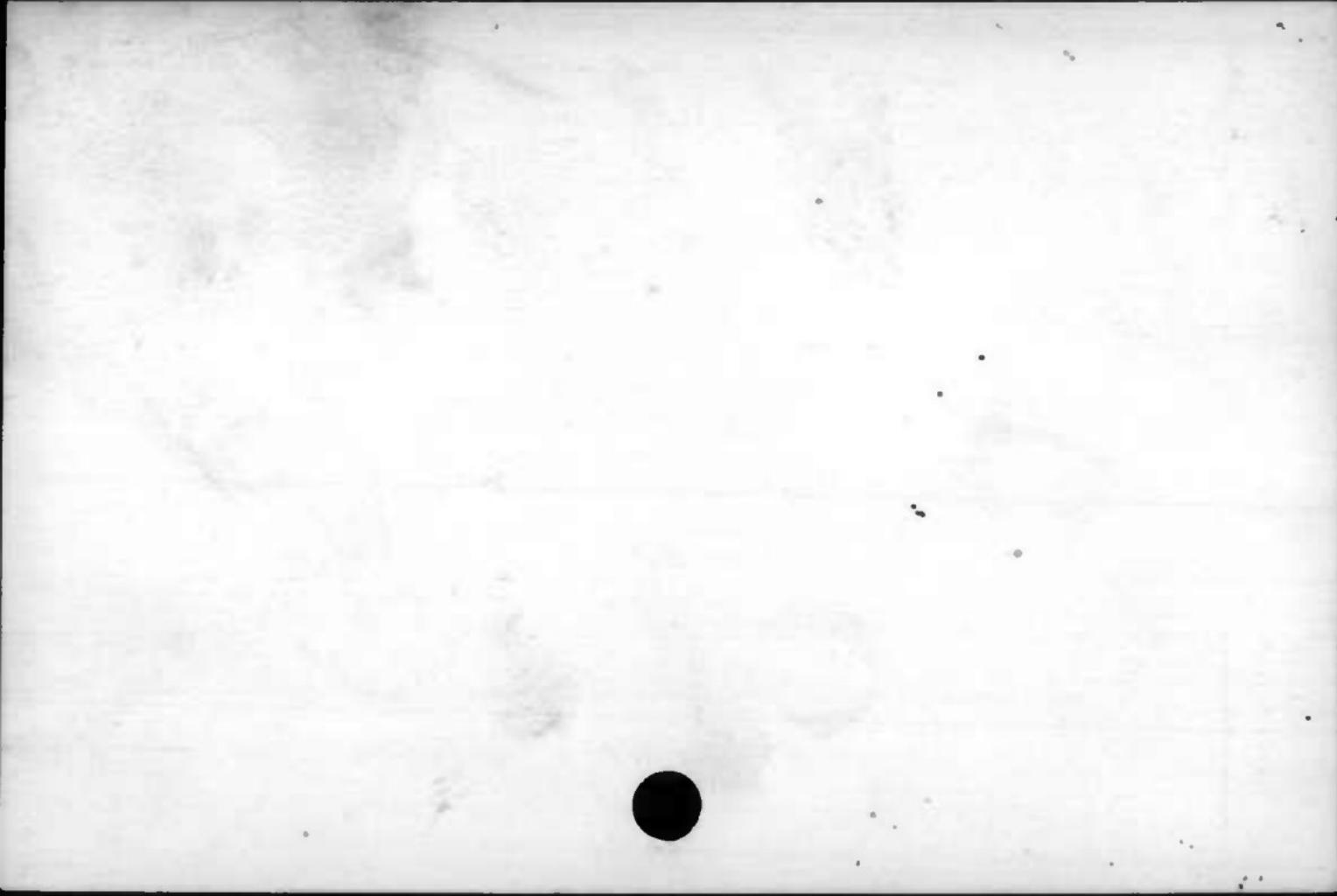
Address



Benj. Y. Shipley,
alpha Howard Es
M.

PHYSICIAN OR CORONER

Accident or Suicide?



Name
in
Full

Melvin R. Skirk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

190 July 7-05 30 Years 3 Months 3 Days

Male White Anna

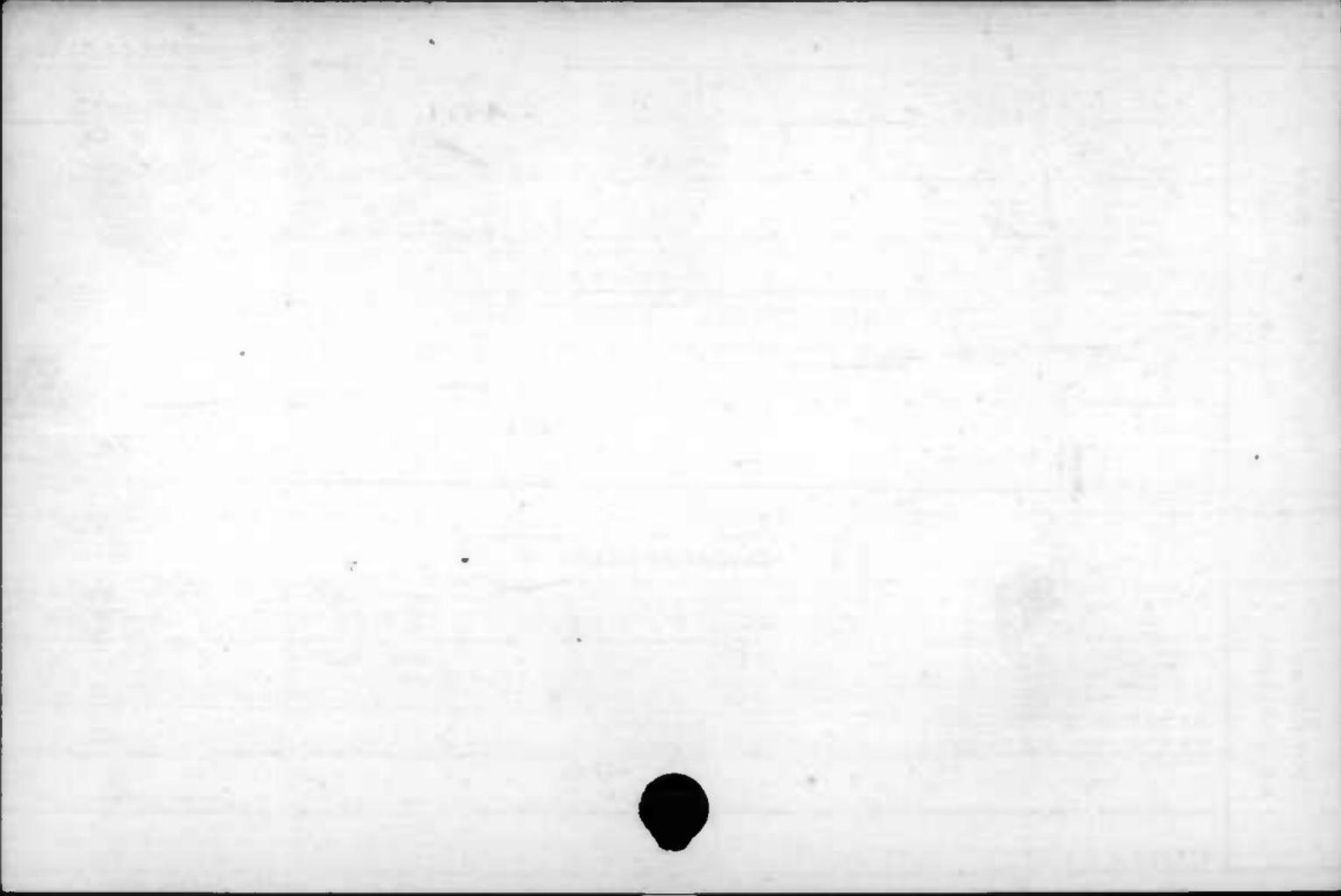
Single Barry J. Skirk England

Loretta P. Dunaway Mid

Barry J. Skirk Father

CAUSES OF DEATH

Primary	Convulsions	How long	12 hours
Immediate	some	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Millions
		Address	57 N Ridge End
Accident or Suicide?	no		



Name
in
Full

Lena May Halls

CERTIFICATE OF DEATH

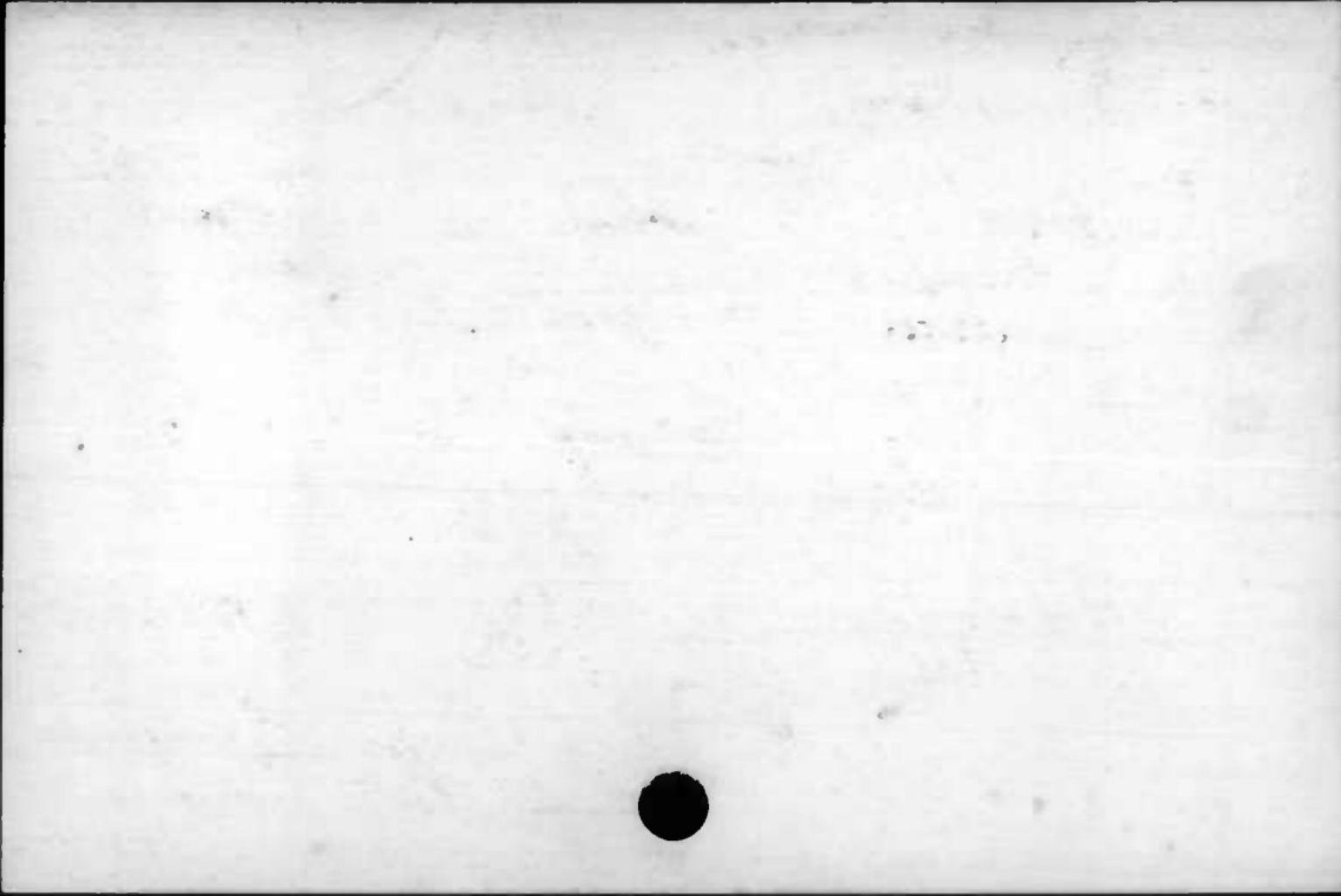
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Savage	County	Howard	MARYLAND	
Date of death	Month	7	Day	6	Years	Months
1905					Age	Days
Sex	fun	Color or Race	white		Birth-place	va
Occupation	Infant	Where Residing if not at place of death				va
Married, Single or Widowed	singl	Name of Wife or Husband				
Father's Name	Morgan Halls	Father's Birthplace				va
Mother's Maiden Name	Carrie Harree	Mother's Birthplace				va
Name of person giving Information	Lannie Halls	How related to deceased				Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	10K	How long	1 week
Immediate	convulsions		How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. L. Halls M.D.	
		Address	Savage	
Accident or Suicide?	Nither		M.A.	



Name
in
Full

Margaret Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	July	17	Age 68	6 21
Sex	Color or Race	White	Birth-place	Baltimore
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Father or Husband	Wm H. Smith	Father's Birthplace	Baltimore
Father's Name				
Mother's Maiden Name				
Name of person giving information	Geo W. Perrott	Mother's Birthplace	Baltimore	
		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parelyeur

How long

2 days

Immediate

Hart-fayber

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Harrison Tongue

10th Ridge
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Frank Sullivan				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Munths	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

Frank Sullivan
Marysville
Howard
1905 July 8
Male White
None
Single
Jeremiah Sullivan
Mary J. Carroll
Mother
Single
Irland
Howard Co
Ireland
Howard Co
Mother

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Rail Road Wrecks - Collisions of vehicles & other injuries	How long	—
Immediate		How long	—
Are the name, age, sex, and place correctly given above?		Signature of Physician	A.B. Sprecher
		Address	Sykesville Md
Accident or Suicide?			

Accident

